

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)
Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	N/A
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	NOT TRULY SEASONAL IS AN EDUCATION FACILITY WITH NO FLOW IN JUNE AND JULY.

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
ANTON SCHOOL	VARIED, 80 IS MAXIMUM, PRESENTLY USED AS AN
	ADOLESCENT DAY CENTER.
TOTAL POPULATION SERVED	



AT 1870

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

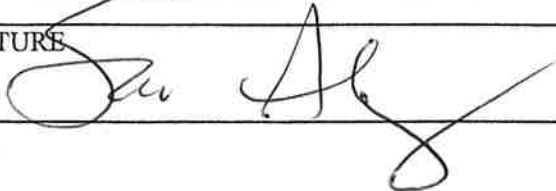
A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	6		1
TOTAL SUSPENDED SOLIDS	12		1
FECAL COLIFORM	1		1
TOTAL RESIDUAL CHLORINE	.15		1
OIL AND GREASE	Request waiver		
CHEMICAL OXYGEN DEMAND	Request waiver		
TOTAL ORGANIC CARBON	Request waiver		
AMMONIA	0.76		1
DISCHARGE FLOW	0.003		
pH	7.6		1
TEMPERATURE (WINTER)	Est. 12°C		
TEMPERATURE (SUMMER)	Est. 21°C		

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): SAM ALDRIDGE, ASSISTANT SUPERINTENDENT	TELEPHONE NUMBER (area code and number): (270) 825-6100
SIGNATURE 	DATE 4/7/2009